

**(Insert Local Area Name here) Workforce Development Board
Local Incumbent Worker Final Report**

Please complete the requested information and submit to the (Insert Local Area Name here) Workforce Development Board Business Service Representative within the timeframe as stated in the Local Incumbent Worker Policy.

For internal WDB use only.

WDB Name: (Insert Local Area Name here) Workforce Development Board

A. Amount of grant award (to **include** the administrative fee): \$ _____

B. Actual funds expended (to **include** the administrative fee): \$ _____

C. Amount to be de-obligated (**A - B = C**): \$ _____

Signature of Authorized Local WDB representative: _____

Company Information

Business Name: _____

Business Address: _____

Name of Business Representative Completing this report: _____

Title: _____

Training Information

Complete the information for all participants in the training provided through this grant.

1. How did this training meet your business needs?

2. Planned # of trainees (count each one time – do not include those who attended an overview/introduction to the training): _____
3. Actual # of trainees (count each one time – do not include those who attended an overview/introduction to the training): _____

4. How many trainees were retained as a result of this training? _____

5. Was training provided to the employees as approved in the application? ☐Yes ☐No

If no, please explain:

6. Was any of the training provided through this grant available from a publicly funded local community college or university? ☐Yes ☐No

If yes, and you did not choose that source as a training vendor, please explain why:

7. How many businesses were involved in this training? _____

If more than one, did all businesses participate as proposed in the application?

☐ Yes ☐ No

If no, please explain:

Customer Satisfaction

8. How did you hear about the Local Incumbent Worker grant)?

9. Please briefly describe the company's overall experience with this training grant.

10. Were you satisfied with the training that was provided? ☐ Yes ☐ No

If no, please explain:

11. Would you recommend Local Incumbent Worker grant to other businesses? ☐ Yes ☐ No

If no, please explain:

12. If this training was provided for a multiple business collaborative, please explain how it was or was not an effective training delivery method.

Training Outcomes

13. Describe how trainees' skill levels were increased as a result of the training.

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14. Certifications/Licenses/Credentials: If applicable, list the type(s) and quantity of skill certifications/licenses/credentials received by the trainees. Do not include "Certificates of Completion".

Type	Quantity

15. Did any trainees receive a wage increase after completion of training? ☐ Yes ☐ No

If yes, please complete the following:

# of Trainees	% of Increase
Ex: 3	5

16. Did any trainee advance to other job positions or perform other advanced job responsibilities as a result of the training? ☐ Yes ☐ No

If yes, how many? _____

17. If other outcomes were realized, please describe.

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18. How did the training help to increase the efficiency or quality of your company's operations?

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19. If applicable, please indicate the estimated monetary value the company has saved, or projects to save, as a direct result of this training grant. (Example: Process Improvement, Waste Reduction, Cost Avoidance, etc.)

Description of Savings	Amount
	Total: \$

20. If other outcomes were realized, please describe.

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